TOP OF THE WORLD TAEKWON-DO CHAMPIONSHIP

***March 4th 2017 Lathrop High School 9:00am General Admission-Free***

PRE-REGISTRATION ONLY! Forms with no T-shirt order must be received no later than **March 1st**

 Forms ***with***T-shirt order, must be received by February 18th

**Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENTRY FEE**

**□ 1-2 Events - $40 □ 3-4 Events - $50 □ 5-7 Events - $60**

 **□ T shirt PRE-ORDER ONLY- $15 Size Child S M L - Adult S M L XL 2X**

 Circle one

 ***TOTAL DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** PLEASE MAKE CHECKS PAYABLE TO: MIDNIGHT SUN MARTIAL ARTS ACADEMY

Forms May Be Dropped Off in Person at Midnight Sun Martial Arts Academy 530 2nd St or mailed to PO Box 71604, Fairbanks, AK 99707

**INDIVIDUAL EVENT SELECTION**

**□ PATTERNS □ POWER BREAKING**

**□ SPARRING**

**COUPLES PATTERNS**

***Division (check one)***

**□ Color Belt □ Black Belt □ Family**

**Team Members:**

**TEAM POWER BREAKING**

***3 Person Team***

***Division (check one*)**

□ **Up to 15 yrs** □ **16 – Up**

**Team Members:**

**TEAM PATTERNS**

***3 – 5 Person Team***

***Division (check one)***

***□* Color Belt □ Black Belt □ Family**

**Team Members:**

**TEAM SPARRING**

***3 Person Team***

 **Age Rank**

 ***□* Up to 15 yrs □ Color Belt**

 **□ 16 – Up □ Black Belt**

**Team Members:**

**In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or may hereafter accrue to me against Midnight Sun Martial Arts Academy, the owners, agents, employees and/or representatives for any and all damages which may be sustained and suffered by me in connection with my association with or entry in the elimination tournaments or which may arise out of traveling to, participating in, and returning from such meet. I fully understand that any medical treatment given will be of first aid nature only.**

**Signature of Contestant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian If Under age 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**